Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448013

County/State: Cherokee, TX Total Award Amount: \$49,440.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form Approved by OMB
Mobility				ОМВ 3060-1185
	§54.1009 Annual Reporting		Avg. Burde	en Estimate per Respondent: 18 Hours
Data Col	lection Form			
<010>	Study Area Code	448014		
	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		JUN 2 9 2018 -
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		office of the decidady
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
F-27 (1) (1)				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>u)</u> <040>	•
	<041> Attach a description of the documents fi	led with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080:	> Tribal Lands Reporting (y/n?) (Does this study area co	over tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 2 of 8
-010	Shirdy Area Codo		448014	
<010> <015>	Study Area Code Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif	fied in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	nd, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087	-	
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address			
		cstrausbaugh@cellon	nenation.com	
C44 l-	ftio-			
Contact ir	if same as above, indicate in this box	-		
<120>	Name (First, MI, Last, Suffix)			
<121>	Filing Carrier Name	Chad Strausbaugh		
		Texas 10, LLC		
<122>	Street Address (or PO Box)	900 West Valley Road	d_Suite_600	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation.com	
Authorize	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number	-	- Administration of the Control of t	
<138>	Email Address			
/130 /	Linui Addiess			

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	(060) Coverage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	448014_CPRd_TX.zip
Coverage and Performace attachments	

State	County	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance da is uploaded (Yes/no)
		\$	See attach	ed works	neet			

0		0
Percentage of Total	Percentage of Total	
Population Reached by	Road Miles covered	
Service	by Service	

(070) Urban Rate Comparability C	Certification Compliance	Approx OMB C	rm 690 ved by OMB ontrol No. 3060-1185
THE RESERVE OF THE PROPERTY OF		Page 4	or 8

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

(Certification of Officer or E	ployee as to Compliance with 47 CFR §54.1009(a)(4)
certify that I am an officer or employee of form and in any attachments is accurate.	of the reporting carrier; my resp	nsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texa	as 10, LLC	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh	
itle or position of Authorized Officer:	Staff Counsel	
elephone number of Authorized Officer:	6105356474 ext.	
Study Area Code of Reporting Carrier:	448014	Filing Due Date for this form: 07/02/2018

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Signature of Authorized Officer or Employee: Date: Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee: Telephone number of Authorized Officer or Employee:	I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
Name of Authorized Agent: Name of Reporting Carrier: Signature of Authorized Officer or Employee: Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee: Telephone number of Authorized Officer or Employee:	carrier. I also certify that I am an officer or employee of the repor	ting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Reporting Carrier: Signature of Authorized Officer or Employee: Date: Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee: Telephone number of Authorized Officer or Employee:	authorized agent; and, to the best of my knowledge, the reports a	and data provided to the authorized agent is accurate.
Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee: Telephone number of Authorized Officer or Employee:	Name of Authorized Agent:	
Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee: Telephone number of Authorized Officer or Employee:	Name of Reporting Carrier:	
Title or position of Authorized Officer or Employee: Telephone number of Authorized Officer or Employee:	Signature of Authorized Officer or Employee:	Date:
Telephone number of Authorized Officer or Employee:	Printed name of Authorized Officer or Employee:	
	Title or position of Authorized Officer or Employee:	
Study Area Code of Panarting Carrier:	Telephone number of Authorized Officer or Employee:	
Study Area code of Reporting Carrier. Filing Due Date for this form:	Study Area Code of Reporting Carrier:	Filing Due Date for this form:
		shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authori data provided by the reporting carrier; and, to the best of m	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	32 (A2 (
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

180) Tribal	Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
		<u> </u>		
<010>	Study Area Code		448014	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifier Contact Email Address - Email Address of person identifier	ed in data line <0	30> 6105356474 ext. cstrausbaugh@cellonenation.com	
<039>	Contact Email Address - Email Address of person dentities	ed in data interior	CSCIAUSDAUGHWCCIIOACAA	
<142>	State			
1212				
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
1144	The state of the s			
	The Lowert Forman ont Obligation			
<145>	Tribal Government Engagement Obligation		Document (.pdf)	
		•		
	If your company serves Tribal lands, please select (Yes,	No, Not Applicab	ile) for	
	each of these boxes to confirm the status described on	the attached		
	PDF, on line 145, demonstrates coordination with the	Tribal		
	government pursuant to § 54.1004 includes:			
			Select	
	i de de marche de mila estable e fa	ocus on Tribal	(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a fo community anchor institutions;	cus on mod		
<147>				
<148>				
<149>	•			
<150>	 Compliance with Land Use permitting requirements 			
<151>	 Compliance with Facilities Siting rules 			
<152>		05		
<153>	 Compliance with Cultural Preservation review process 	es		

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	124992.00
<203>	Total Mobility Fund Support Disbursed	121117.25
<210>	Actual Completion Date	07/24/2015 448014_PSD_TX.pdf
<211>	Project Status Description (attached)	
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	{Name of PDF attached}
<212>	Status of Network Deployment - Network Design	-
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G

(101) Certification - Reporting Carrier		FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 7 of 8

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the repor	rting carrier; my responsibilities i	nclude ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to th
best of my knowledge, the information		
Name of Reporting Carrier: Texas	: 10, LLC	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh	
Title or position of Authorized Officer:	Staff Counsel	
Telephone number of Authorized Office	r: 6105356474 ext.	
Study Area Code of Reporting Carrier:	448014	Filing Due Date for this form: 07/02/2018

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier FCC Form 690 Approved by OMB OMB Control No. 3060-1185	
Page 8 of 8	95,800

.010:	Study Area Code	448014
		Texas 10, LLC
<015>	Study Area Name	
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<u> </u>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<035>	Contact Telephone Number - Number of person detection data line (030)	cstrausbaugh@cellonenation.com
<039>	Contact Email Address - Email Address of person identified in data line <030>	CSLIGUODAUGNECULLUM

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

	gent to File for Mobility Fund Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier. I consibilities include ensuring the accuracy of the data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer:	Date.
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
- t Constant	Filing Due Date for this form:
and the form can be not	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment inder Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
Certification of Agent Authoriz	ed to rile for Mobility Fand Mesiphonia				
I, as agent for the reporting carrier, certify that I am authori reported herein based on data provided by the reporting ca	ized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data rrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:					
Name of Authorized Agent Firm:	Date:				
Signature of Authorized Agent or Employee of Agent:					
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of Age	int:				
Study Area Code of Reporting Carrier	Filing Due Date for this form:				
Persons willfully making false statements on this form ca	in be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<c2> <a1> <a2> <a3> <b1> <b2> <c3> <d> <b3> <c1> Certify that **Total Road** Coverage and **Road Miles** Resident Total Resident Miles Performacne **Road Miles** per Census covered per Population Population Resident data is uploaded per Census **Block Newly** Census Block **Newly Reached** Reached by Population per (yes/no) by Service Reached Census Block Service Block State County Census Block Leon 0000 Yes 0.0 0.0 0.0 TX

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448014 County/State: Leon, TX

Total Award Amount: \$124,992.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility	Fund		FCC Form
1 -	- §54.1009 Annual Reporting		Approved by OMB
]	lection Form		OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448015	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 29 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
S 88 17 15 18 18 18			
<040>	Has the information required pursuant to §54.1009		1 <040>
	<041> Attach a description of the documents file	d with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

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(050) Car	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448015	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identifi Contact Email Address - Email Address of person identif		6105356474 ext.	
	Carrier / Mobility Fund Phase 1 Winning Bidder	ied iii data iiile (030)	cstrausbaugh@cellonenation.com	
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	d, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code			
<117>	Telephone Number	19087		
<118>	Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
		cstrausbaugh@cellon	nenation.com	
Contact Ir	if same as above, indicate in this box			
<120>				
	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	900 West Valley Road	d. Suite 600	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
Authorize	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>				
	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number	<u> </u>		
<138>	Email Address			

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(080) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448015	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448015_CPRd Coverage and Performace attachments	TX.zip	

			Resident	 Resident Population	 Total Resident Population		Road Miles per Census	Total Road Miles covered	Certify that Coverage and Performance dat
State	County		Population per Census Block	Newly Reached by Service		per Census Block	Block Newly Reached	per Census Block	is uploaded (Yes/no)
				ee attach	ed worksl	neet			
			0				0		
	Population	ge of Total Reached by			Percentage o Road Miles co by Servio	vered			

(070) Ur	ban Rate Comparability Certiff	cation Compliance FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018

Chad Strausbaugh

cstrausbaugh@cellonenation.com

6105356474 ext.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on the					
form and in any attachments is accurate.					
Name of Reporting Carrier: Texa	as 10, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018			
Printed name of Authorized Officer:	Chad Strausbaugh				
Title or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448015	Filing Due Date for this form: 07/02/2018			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information remained as habits sale and
carrier. I also certify that I am an officer or employee of the r	reporting carrier; my responsibilities include ensuring compliance with 47 CEP 854 1009(a)(4) reported to the
authorized agent, and, to the best of my knowledge, the repo	orts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	- July -
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of n	zed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based only knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	5000
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ager	t:
Study Area Code of Reporting Carrier:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form: be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment und Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448015	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	d in data line <030	> 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <03	O> cstrausbaugh@cellonenation.co	mcm
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
	_			
<145>	Tribal Government Engagement Obligation			
		Name of Attached Do	ocument (.pdf)	
	If your company serves Tribal lands, please select (Yes, N	No, Not Applicable) for	
	each of these boxes to confirm the status described on t	he attached		
	PDF, on line 145, demonstrates coordination with the T			
	government pursuant to § 54.1004 includes:			
	BOVEHMENT PUISUBLE to 3 34.1004 moldaes.			
		г		
		Ì	Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foc			
	community anchor institutions;			
.				
<147>	Feasibility and sustainability planning;	ļ		
<148>	Marketing services in a culturally sensitive manner;	İ		

<148> <149>

<150>

<151>

<152>

<153>

<154>

Compliance with Rights of way processes

Compliance with Facilities Siting rules

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Project	t Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <	<pre><030> 6105356474 ext.</pre>
<039>	Contact Email Address - Email Address of person identified in data line	<pre><030> cstrausbaugh@cellonenation.com</pre>
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	131140.00
<203>	Total Mobility Fund Support Disbursed	120098.01
<210> <211>	Actual Completion Date Project Status Description (attached)	07/27/2015 448015_PSD_TX.pdf
<212> <213> <214> <215> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on li 211, contains a project status pursuant to §54.1005(b)(2)(v). The informations shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	● 3G

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(101) Ceri	ification - Reporting Carrier	Api On	Form 690 proved by OMB BB Control No. 3060-1185 ge 7 of 8
<010>	Study Area Code	448015	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	

6105356474 ext.

cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texas 10, LLC			
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2018		
Printed name of Authorized Officer: Chad Strausbaugh			
Title or position of Authorized Officer: Staff Counsel			
Telephone number of Authorized Officer: 6105356474 ext.			
Study Area Code of Reporting Carrier: 448015	Filing Due Date for this form: 07/02/2018		

	(102) Certification - Agent / Carrier		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
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<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my resp agent; and, to the best of my knowledge, the reports and data p	is authorized to submit the information reported on behalf of the reporting carrie sibilities include ensuring the accuracy of the data reporting requirements provided to the authorized rided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier									
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.									
Name of Reporting Carrier:									
Name of Authorized Agent Firm:									
Signature of Authorized Agent or Employee of Agent:		Date:							
Name of Authorized Agent Employee:									
Title or position of Authorized Agent or Employee of Agen	nt								
Telephone number of Authorized Agent or Employee of A	Agent:								
	Filing Due Date for this form:								

Attachments

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FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

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ate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
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Percentage of
Total Population
Reached by
Service

0		

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448015 County/State: Leon, TX

Total Award Amount: \$131,140.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility	Fund			FCC Form Approved by OMB
	- §54.1009 Annual Reporting			OMB 3060-1185
	lection Form		Avg. Burd	en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448016		
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		
	Contact Name: Person USAC should contact	Chad Strausbaugh		JUN 29 2018
<035>	with questions about this data Contact Telephone Number:	6105356474 ext.		Federal Communications Commission Office of the Secretary
	Number of the person identified in data line <030>			
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009 I		<040> 0	•
	<042> Cite the Study Area Code (SAC) for the For		<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
			448016	
<010>	Study Area Code		Texas 10, LLC	
<015>	Study Area Name		2018	
<020> <030>	Program Year Contact Name - Person USAC should contact regarding thi	is data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		17235110	<u></u>	
		Texas 10, LLC		
<111>				
<112>	_	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	ad, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cello	nenation com	
<120> <121> <122> <123> <124> <125> <126> <127> <126> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	Chad Strausbaugh Texas 10, LLC 900 West Valley Ros Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellor		
<u>Authorize</u>	ed Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
	_	· ·		
<138>	Email Address			

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(060) Con	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448016	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448016_CPRd	_TX.zip	

Coverage and Performace attachments

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance dat is uploaded (Yes/no)
<u> </u>	 								
			9	see attach	ed works	heet	<u> </u>		
	-	<u> </u>				ļ	+		
L	_			-			<u> </u>	<u> </u>	
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(070) Urban Rate Comparability Certifi	ication Compliance	FCC Form 690	
		Approved by OMB	
		OMB Control No: 30)60-1185
		Page 4 of 8	

<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<020>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	as 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/201	.8	
Printed name of Authorized Officer:	Chad Strausbaugh			
itle or position of Authorized Officer:	Staff Counsel			
elephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448016	Filing Due Date for this form: 07/02/2018		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Leartify that (Name of Agent)	ize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting sporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the stand data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
Signature of Authorized Agent or Employee of Agent:	Date:		
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Agent			
Telephone number of Authorized Agent or Employee of Agen	t:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		

080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448016	
<015>	Study Area Code Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this	data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified			
<039>	Contact Email Address - Email Address of person identified	in data line <	030> cstrausbauqh@cellonenation	COM
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves ——			
<145>	Tribal Government Engagement Obligation	lame of Attached	Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, each of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Trib government pursuant to § 54.1004 includes:	attached	le) for	
~1 <i>1</i> 6>		Toller	Select (Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focus community anchor institutions;	on iridal		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes			

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	139783.38
<203>	Total Mobility Fund Support Disbursed	127873.84
-240	Astroid Consolidate Date	
<210>	Actual Completion Date	08/06/2015
<211>	Project Status Description (attached)	448016_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	√
<217>	Project Plan Status	'
<218>	Network will Support 3G/4G Mobile Service ?	36 046
-210	The control of the co) 3G

(101) Certification - Reporting Carrier		FCC Form 690 Approved by OMB
	<u> </u>	OMB Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texas 10, LLC			
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2018		
Printed name of Authorized Officer: Chad Strausbaugh			
Fitle or position of Authorized Officer: Staff Counsel			
Telephone number of Authorized Officer: 6105356474 ext.			
Study Area Code of Reporting Carrier: 448016	Filing Due Date for this form: 07/02/2018		

FCC Form 690	
(102) Certification - Agent / Carrier	
Approved by OMB	
OMB Control No.	
Page 8 of 8	

<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

i certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting care esponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized ta provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authore reported herein based on data provided by the reporting	orized to submit the reports for Mobility Fund recipients on behalf c carrier; and, to the best of my knowledge, the information reported	of the reporting carrier; I have provided the data I herein is accurate.		
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agen	t			
Telephone number of Authorized Agent or Employee of Ag	gent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	can be punished by fine or forfeiture under the Communications Act of 1934 18 of the United States Code, 18 U.S.C. § 1001.	, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title		

Attachments

	FCC Form 690
(060) Coverage and Performance Report	Approved by OMB
	OMB Control No. 3060-1185

<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

tate	County	Census Block	Resident Population per Census Błock	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
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Percentage of Total Population Reached by Service

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Percentage of Total Road Miles covered by Service

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Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448016 County/State: Leon, TX

Total Award Amount: \$139,783.38

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

			FCC Form
Mobility	Fund		Approved by OMB
	§54.1009 Annual Reporting		OMB 3060-1185
	lection Form		Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448017	
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2018	.IUN 2 9 2018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal Communications Commission
<035>		6105356474 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y	<u>//N)</u> <040>
	<041> Attach a description of the documents fi	led with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

06/29/2018

5 65			Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448017	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding t	his data Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <030> 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030> cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>	FCC Registration Number	17235110	
<111>	Filing Carrier Name	Texas 10, LLC	
<112>	Winning Bidder Carrier Name	Texas 10, LLC	
<113>	Street Address (or PO Box)	900 West Valley Road, Suite 600	
		Wayne	
<114>	City		
<115>	State	PA	
<116>	Zip-Code	19087	
<117>	Telephone Number	6105356474 ext.	
<118>	Fax Number	6106885209	
<119>	Email Address	cstrausbaugh@cellonenation.com	
<120> <121> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbaugh Texas 10, LLC 900 West Valley Road. Suite 600 Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellonenation.com	
Authorize	ed Agent Information if no agent, indicate in this box		
<130>	Name (First, MI, Last, Suffix)		
<131>	Company		
<132>	Street Address (or PO Box)		
<133>	City		
<134>			
<135>			
<136>	,		
<137>			
<138>	Email Address		

(060) Cov	rerage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8	
<010>	Study Area Code	448017	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448017_CPRd	_TX.zip	

<a2></a2>	<a3></a3>	<61>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
County	Census Black	Resident Population per Census Block		Population Reached by	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance dat is uploaded (Yes/no)
County	CEII3U3 DIOCK	CCHSUS DIOCK	Dy Service		_			
						ļ		
		5	\$ee attach	ed works	<u>heet</u>		<u> </u>	
	<u> </u>				 	<u> </u>		
					-	<u> </u>		
						†		
						 		
		0]			0		
	County		Resident Population per County Census Block Census Block	County Census Block Census Block Population Newly Reached by Service See attach Percentage of Total	Resident Population Population Newly Reached by Service County Census Block Census Block Department Population Populatio	Resident Population Propulation Population Percentage of Total Resident Population Population Percentage of Total Resident Population Population Percentage of Total Resident Population Population Population Percentage of Total Resident Population Population Population Percentage of Total Resident Population Population Percentage of Total	Resident Population Propulation Population P	Resident Population Percentage of Total Resident Population Population Per Census Block County Census Block Census Block Resident Population

Page 4 of 8

<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

•	Certification of Officer or E	mployee as to Compliance with 47 CFR §54.1009(a	n)(4)		
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.					
Name of Reporting Carrier: Texa	as 10, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018		
Printed name of Authorized Officer:	Chad Strausbaugh				
Title or position of Authorized Officer:	Staff Counsel				
Felephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448017	Filing Due Date for this form: 07/02/2018			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting			
	sponsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the			
authorized agent; and, to the best of my knowledge, the reports and data provided	to the authorized agent is accurate.			
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer or Employee:	Date:			
Printed name of Authorized Officer or Employee:				
Title or position of Authorized Officer or Employee:				
Telephone number of Authorized Officer or Employee:				
Study Area Code of Reporting Carrier: F	iling Due Date for this form:			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

certification of Agent Authorized to 1	e Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authorized to so data provided by the reporting carrier; and, to the best of my knowl	mit the certification on behalf of the reporting carrier; I have provided the data reported herein based dge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448017	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	ed in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifi	ied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <03	0> 6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <03	30> cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	100000.10
<203>	Total Mobility Fund Support Disbursed	100000.10
<210> <211>	Actual Completion Date Project Status Description (attached)	07/15/2015 448017_PSD_TX.pdf
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The informal shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	● 3G

<010> Study Area Code 448017 <015> Study Area Name Texas 10, LLC <020> Program Year 2018 <030> Contact Name - Person USAC should contact regarding this data Chad Strausbaugh <035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext. <039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com	(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext.		448017
<020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030>		Texas 10, LLC
<030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext.		2018
<035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext.		
<035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext.	<030> Contact Name - Person USAC should contact regarding this data	
<039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com	<035> Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	<039> Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

			. C B Lilly . Tour description to and to the
certify that I am an officer of the repor pest of my knowledge, the information	ting carrier; my responsibilities in	nclude ensuring the accuracy of the reporting requirement attachments is accurate	nts for Mobility Fund recipients, and, to the
pest of my knowledge, the information	reported on this form and in any	attachments is accorded.	
Name of Reporting Carrier: Texas	10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Office	r: 6105356474 ext.		
Study Area Code of Reporting Carrier:	448017	Filing Due Date for this form: 07/02/2018	

FCC Form 690	
(02) Certification - Agent / Carrier	
Approved by OMB	
OMB Control No. 3060-11	
Page 8 of 8	

<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	1000 - 1000	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting calso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier		
I, as agent for the reporting carrier, certify that I am author reported herein based on data provided by the reporting	orized to submit the reports for Mobility Fund recipients on behalf carrier; and, to the best of my knowledge, the information reporte	of the reporting carrier; I have provided the data d herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Felephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
	can be punished by fine or forfeiture under the Communications Act of 193- 18 of the United States Code, 18 U.S.C. § 1001.	4, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

	ance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1> <a2> <a3> <b1> <b2> <b2> <b3> <c1> <u><c2></u> <d> <c3> Certify that **Total Road** Coverage and **Road Miles** Miles Resident **Total Resident** Performacne per Census covered per Road Miles data is uploaded Population Population Resident Block Newly Census Block per Census Reached by Population per **Newly Reached** (yes/no) by Service Reached Census Block Service Block County Limestone Census Block State 0000 Yes 0.0 0.0 ΤX 0 0.0

> Percentage of Total Population Reached by Service

0		
i		

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448017

County/State: Limestone, TX
Total Award Amount: \$100,000.10

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility	Fund			Approved by OMB
	§54.1009 Annual Reporting			OMB 3060-1185
1	ection Form		Avg. Burd	en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448018		
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		·
	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
				20.
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/I	<u>v)</u> <040>	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
.00 0	Tribal Landa Basanting (v/a2)	un tribul lande 2 Ver er Nel		
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	\cup	lacktriangle

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

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(050) Carr	ier Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
		44000	
<010>	Study Area Code	448018	
<015>	Study Area Name	Texas 10, LLC	
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<u><030></u> <035>	Contact Telephone Number - Number of person identified	data Chad Strausbaugh in data line <030> 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified	in data line <030> cstrausbaugh@cellc	nenation.com
<110>	Carrier / Mobility Fund Phase 1 Winning Bidder FCC Registration Number 1	7235110	
<111>	_	exas 10, LLC	
		· · · · · · · · · · · · · · · · · · ·	
<112>	_	exas 10, LLC	
<113>	-	00 West Valley Road, Suite 600	
<114>	City	ayne	
<115>	State P	· · · · · · · · · · · · · · · · · · ·	
<116>	Zip-Code 1	9087	
<117>	Telephone Number	L05356474 ext.	
<118>	Fax Number	106885209	
<119>	Email Address		
		strausbaugh@cellonenation.com	
_	if same as above, indicate in this box		
<120>	Name (First, MI, Last, Suffix)	ad Strausbaugh	
<121>	Filing Carrier Name	xas 10, LLC	
<122>	Street Address (or PO Box)	10 West Valley Road Suite 600	
<123>	City	yne	
<124>	State P		
<125>	Zip-Code 1	9087	
<126>	<u> </u>	.05356474 ext.	
	- · ·		
<127>		06885209	
<128>	Email Address e	strausbaugh@cellonenation.com	
Authorize	ed Agent Information if no agent, indicate in this box		
<130>	Name (First, MI, Last, Suffix)		
<131>	Company		
<132>	Street Address (or PO Box)		
<133>	City		
<134>	State		
	Zip-Code		
<135>			
<136>	Telephone Number		
<137>	Fax Number		
<138>	Email Address		

(060) Coverage and Performance Report			FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8	
<010>	Study Area Code	448018		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2018		
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com		
<140>	Coverage and Performance Report Year 08/2017 - 07/2018			
	448018_CPRd	_TX.zip		

	448018_CPRd_TX.zip
Coverage and Performace attachments	

<c3> <d> <a3> <c1> <c2> <b1> <b2> <b3> <141> <a1> <a2> Total Certify that Road Road Miles per Miles Coverage and Road Performance data Total Resident | Miles Census covered Resident is uploaded Block per Population Population per Resident Census (Yes/no) Newly Population per Newly Reached Reached by Census Block Block Reached by Service Service Census Block Census Block State County -- See attached worksheet

	0		0
Percentage of Total Population Reached by	1	Percentage of Total Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Co	ertification Compliance	FCC Fc	orm 690
		Appro	ved by OMB
		OMB	Control No. 3060-1185
		Page 4	of 8

<010>	Study Area Code	448018	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	Leruncation of Officer or El	mployee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018	
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448018	Filing Due Date for this form: 07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

l certify that (Name of Agent)is authorized to submit the information reported on behalf of the repo carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported			
authorized agent; and, to the best of my knowledge, the reports and da			
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer or Employee:	Date:		
Printed name of Authorized Officer or Employee:			
Title or position of Authorized Officer or Employee:			
Telephone number of Authorized Officer or Employee:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Telephone number of Authorized Officer or Employee: Study Area Code of Reporting Carrier:	Filing Due Date for this form: ov fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), o		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

the certification on behalf of the reporting carrier; I have provided the data reported herein based or the information reported herein is accurate.
Date:
Filing Due Date for this form:

080) Triba	l Lands Reporting		FCC Form (Approved OMB Cont Page 5 of 8	by OMB rol No. 3060-1185
<010>	Study Area Code	448018		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identified in dat	a line <030> 6105356474 ext.		
<039>	Contact Email Address - Email Address of person identified in da	a line <030> cstrausbaugh@cell	onenation.com	
<142> <143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	f Attached Document (.pdf)		

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select
		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
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<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	